

ZERO INCOME CERTIFICATION & BASIC NEEDS QUESTIONNAIRE

Form to completed by head of household and signed by all adult household members if the household is claiming zero income.

Name: _____

1. I hereby certify that I/we do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

Initials

2. I/we currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Initials

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We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

3. I/we will be using the following sources of funds to pay for rent and other necessities. If you do not have the expense listed, mark N/A in the monthly cost column. Do not leave blank spaces.

EXPENSE TYPE	MONTHLY COST	SOURCE OF FUNDS
Rent		
Utilities (electric, gas, water, etc.)		
Cable /satellite television		
Phone / cell phone service		
Food		
Personal hygiene & cleaning supplies		
Tobacco products & alcohol		
Medical expenses		
Laundry		
Clothing & shoes		
Car payment		
Car insurance		
Gasoline for car		
Other transportation costs		
Credit card and loan payments		
Entertainment and other expenses		

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

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